

Participant-Directed Programs Policy Collaborative

January 27, 2016 Minutes APPROVED

Attendance

In Person

Amber Rael-Neyer AOI	Jennifer Martinez PPL	Linda Skaflen
Betsy Murray	Kady Hetherington	Liz Wuest
Brent Salner Access SEP	Kate McGuire	Lucas O'Connell PPL
Bonnie Rouse	Kari Vinopal CD	Mark Simon
Candie Dalton IHSS AOI	Kathy Sargent	Matt Wuest
Cheryl Vennerstrom MS	Keith Copen	Peter Anania
Craig Morrison Acces\$	Kelly Brown AC\$	Rebecca Sturdevant MS
Curtis Wolff	Kelly Tobin	Rhyann Lubitz HCPF
Debbie Miller	Kevin Smith	Sarah Engels IHSS
Gerrie Frohne	Kirk Miller	Tiffany Rathbun SEP DP
Jason Smith Acces\$	Linda Andre	Tim Moran Acces\$
Jeff Epp	Linda Medina	Valerie Baker --Peoples

On Phone

Anaya Robinson	Hanni Raley	Mark Fenton (PPL)
Ann Dyer	Heather Jones	Renee Farmer
Ann Marie	Julie Reiskin	Sandy Kasprzak
Caitlyn Brady	Kelly Morrison	Sara Horning
Cathey Forbes	Kristy Michael Ac\$	Sharita Richmond
Conner Macleod	Leslie Taylor	Stephanie Holsinger SEP
Dianne Albrigg AC\$	Margaret Proctor	Tim Thornton
Ellen Caruso	Maria Rodriquez	

Excused

Corrine Lindsey
David Bolin
John Barry
Sueann Hughes

Curt Wolff will moderate and keep the speakers queue. He reminds everyone to announce your name for the record as you talk. Although very passionate, try to keep comments not personal.

Attendance record and voting records reviewed by Linda Skaflen. If any spelling errors in attendance record, please email Linda, Rhyann, or John.

Draft minutes for October and December reviewed. Leslie Taylor questioned documents/links sent, indicating that documents were not received. She received only titles. Rhyann re-sent email. Change noted for October minutes to correct omission error, changing EIN to FEIN, then approved as written. December 2015 minutes reviewed; Rhyann shared that Roberta noted that a change is needed to indicate correction to comment regarding 15 hours of Personal Care should actually read 15 hours of Health Maintenance and Homemaker. Linda Skaflen noted that it was not clear if that was Julie's actual comment. Rhyann will follow up with Julie to clarify if that was her actual comment. Minutes approved and seconded.

Volunteers are needed to take minutes in March, April, July & August when Julie Reiskin will also not be available. No one spoke up to volunteer. Leslie made suggestion to have someone transcribe from the recording. Leslie volunteered to transcribe. She will listen to this meeting and decide if she wants to do again for March.

PDPPC Recommendation response: Formal recommendation from stakeholder co-chairs sent to HCPF regarding 2 signature rule on time sheets. Last month Rhyann was awaiting further clarification from external parties in the Department. Received cleared and sent out by John Barry last week that the Department is unable to change that rule. Make sure everyone received; any comments? Mark Simon: Crummy that they made Rhyann put her name at the bottom of that letter. Concern that rule is

because the Department says so, no statute requiring it, not because there is a federal regulation. One of the new FMS's noticed it and brought it up. Just now a new problem - only came up after not being held in place for 15 years. Inventing a solution to a problem that not everyone has. It is a problem for those using paper timesheets because they need to coordinate getting together to obtain both signatures. Concern that department is disrespecting PDPPC. We have never had a fraud issue. Leslie: Mark is absolutely right. No law, nothing that says we have to do anything different after 15 years, except choosing from the 3 FMS agencies. She repeated that under IRS, we cannot be employer, ever! Packet sent out that she has not received. She has been doing lots of homework. Curt interjected to say not on that issue yet. Leslie continued to want to comment. She knows for a fact that there is no one in director role. Conceded that only on 2 signature.

Curt asked for any other comments. Gave history: this came up in April. Inadvertently dropped. Brought back up in collaboration with Mark Simon. Although he agrees with some of the content, it does not list a specific rule, just says it is their policy. Had specifically requested that HCPF specify the rule or statute requiring 2 signature. Only rule is 2 signature, promulgated by Medical Services Board, which can be repealed at any time.

Rhyann: Info from program integrity, legal, and attorney general's office, one more - all must review before going to medical services board. Group welcome to make determinations they choose.

Maria Rodriguez: Sorry for being late. However, 2 signature rule seems to be red herring - interest to PPL, but do not think others care. Need to work on other things, like FAS. We are trying to change rules that are there for a good reason. No point in changing them.

Leslie: I think you want to go over the CDASS program training manual revised after Rhyann made a quick run to Medical Services Board to make

a rule change. I think you are trying to work from and work around the training manual.

Curt: Leslie, we need to go back to the two signature issue.

Rhyann: I do not think it is anything in the training manual. I have drafts of updates to take out Agency with Choice, but do not know of any other.

Curt: Talking specifically about response from the department back on the rule.

Mark: 14 complaints filed alleging fraud, 3 needing investigation, 1 real. An AR billed state for months following death of person. Two signature would not have prevented case from occurring. We are coming up with a solution to a problem that does not exist. This is disrespectful to us. Remember this the next time we make a recommendation and get a similar response.

Linda Andre: A group of you who feel this way need to get together to try to get this changed.

Mark: Who will pay for due diligence? Must jump through hoops to get MSB to make changes. Never seen rule changed once when department sent back to do due diligence on a proposal they did not like.

Liz Wuest: Just remind you all that this wreaks havoc on ARs mostly. This makes it very hard. It is difficult to get out to do all of this, especially for ARs who often have disabilities themselves.

Leslie: Is it possible to be able to FAX for signatures?

Liz: Not for individuals who do not have a FAX, or who are unable to get to a FAX. Sometimes I do not get out for 4 -5 days at a time.

Mark S: Living in Watkins or Lamar – even more difficult.

Reminder from Rhyann: No nuts should be brought to these meetings, due to an attendee with nut allergy.

Attendant Support Management Plan review: Sent out by John Barry. Audit recommendation was to update ASM Plan. Rhyann made some changes. Julie Reiskin reviewed and made one suggestion, which has been incorporated. Page 1: Took out FMS Model; Care Needs: changed language to now say "Information About Me; My Supports and My Needs." Page 2: Attendant Supports: Homemaker did not match task worksheet, as pointed out by auditor. Split out so now matches. Changed Time to Estimated Time. Thanks to Consumer Direct for making the excel form self-calculate totals. Hopefully a there will be an update form that will be much more brief. The form will require estimated, not actual time. Is there anything on Page 2 or 3 that people have questions about or want changed?

Mark S.: Personal Care & Health maintenance have many items that are duplicative. Is there guidance to help identify where they should be documented? Bladder care for example - all should be health maintenance, not personal care.

Rhyann: Good question. Individuals should be given a copy of their task worksheet to use as guidance when developing and when training. If it does not match, need to go back to case manager to address.

Discussion of Bladder Care needing to be all Health Maintenance – examples given of those that are not. Fairly ambulatory but needs help to pull down clothing, stand-by care, would be primarily personal care.

Mark S: Please send task worksheet and guidance out so we have info.

Rhyann: Available on HCPF website. Task sheet mirrored on Management Plan.

Liz Wuest: Always thought paperwork counted under personal care.

Rhyann: It is not. Goal to try to get all ducks in a row, not be set up for failure.

Leslie: Looking at task worksheet. Agree with Mark. Respiratory assistance, bladder/bowel care, hygiene all belong in health maintenance tasks. Anything that has to do with actually working with the client to take care of their respiratory equipment. All is in line with what CNA or nurse may be doing, or for people who are homebound.

Curt: As peer trainer, I agree 100 % on that for a lot of people, but not all. Example, my respiratory issue does not require a skilled person. When I eat, I need someone to wipe my nose. Our idea is if they match up, they can be clearly explained to people coming in.

Leslie: So, basically this is just your idea, and it is not falling under what was previously listed under Health Maintenance care. Before, there was space where it could be added. There is no question that respiratory, bladder, skin care are all health maintenance issues.

Rhyann: Everyone has very individualized needs. Level of care varies by person, even for same named care. That is why we have the task worksheet and the Management Plan, for people to specify their individual needs.

Leslie: It is not in there.

Rhyann: I copied this 100% from the task worksheet that was approved previously by PDPPC. It was distributed April 1st 2015 to everyone. Nothing has been edited or changed.

Leslie: What is the problem to change this to double up under Health Maintenance and Personal Care?

Others: It is there – they are on both.

Rhyann: It is under health maintenance separately, but is a bundled service under Personal Care.

Leslie: It should not be bundled.

Maria Rodriguez: Usually information posted on the internet, but a lot of us are isolated from that information because we do not have access to that. I would like to request that this program make some progress to try to get all participants able to take part like everyone else, and have access to the information. For the ASMP and the task worksheet: I think we need to have items listed in both categories because there might be contributing factors, more severe or not so severe – we cannot just lump everything into Health Maintenance. There are also differences in services depending upon where you live. We might need errands run and shopping – things take more time in the rural areas. May need more care and attention, special diet, etc., important to quantify. Sometimes it is unrealistic to get it all into the little boxes or areas. Also, ASMP is only done when someone enters the program, and my condition has changed drastically over the last 8 years, but my ASMP does not reflect my current needs.

Candie: Task worksheet developed last year, based directly on personal care rules. This group did not develop it, but they approved it. Personal Care rules say specifically what is included and not included. This is per Medicaid Volume 8 rules.

Kathy: Rules concerning the differentiation between personal care and health maintenance depends upon your health condition. If you were to have a PCP, you cannot have any broken skin – a PCP cannot apply medication. It must be skilled care to apply medication. As Candie said, where pulled from, is very specific. I believe personal care can only be reminders.

Rhyann: Skilled is more placing meds in mouth, hands, injections.

Kathy: These are only estimates. You should speak up for yourself if you believe it needs to be health maintenance, and you can have your doctor write it.

Rhyann: If we can look at pg 4 or 5.

Jeff Epp: As peer trainer, we look at the specific pages and clarify differences in definitions under each definition. We describe the differences and why the services should be in one area or the other. If people need the services, they must discuss with CM. People are very proud, want to say they can do more than they can, but later realize they cannot do it as well as they thought. Take the time, and after 3 months, if they find they cannot do it, they need to talk to CM for revision.

Rhyann: Let's look at page 4. It looks different. I added everything at top in bold about what CM is responsible to review all of this with the client, to make sure it matches up and everyone is in agreement. I added information to identify when needs predictably change, and more or less services may be needed. Reason for asking because in over-utilization protocol that changes in service utilization fluctuate, it needs to be approved by the CM. This whole page is new.

Hiring & Recruiting, took out Accent. Limitations kept completely the same.

Page 6: Limb or Limb should read Life or Limb. Other moved to bottom. Added examples of Community-wide Disaster, to give people ideas how to complete.

Pg 8: Took out attendant insurance. Added monthly amount remaining, per peer trainers' request.

Pg 9: Added word waiver, and CDASS 1915i.

Linda Andre: I want to reinforce for Maria, that anytime your needs change, call CM to help make changes. Do not think it goes on for years and years.

Mark Simon: Question: Is ASMP done before or after clients for AR training?

Rhyann: After training. For existing clients, if you have a change in condition, (different among SEPs), take page 2 and page 5, send to client to update and send back. In the next few months, hope to be shortening this to an update document to allow updating quickly.

Mark: Comments on Community Wide Disaster - if you have just for very first time that you must have an emergency disaster plan, most people cannot figure that out on the spot. They need some time, resources.

Rhyann: They do not hand in at end of training - take home, complete, then hand in. Consumer Direct and CM review. Curt: Training provides resource information In the back of the manual, and we recommend they read them.

Mark: Recommend resource manual include disaster info, FEMA, and specifics per differences in regions. Include local emergency plans. Budget sheet – if they budget for less than allocation, they will get less than allocation.

Conversation not fully captured.

Maria: I have tried repeatedly to increase allotment, but have no luck. I cannot get any info about grievances or appeals. Rhyann: Let's talk offline and hear what is going on. System needs to be changed - form must be completed more routinely. How to go about it.

Linda S: Ditto to what Mark said about monthly amount remaining. Really concerned about legislative group and taking back \$ not used. Rhyann: If people want me to take off box, can do so. Rhyann removed from ASMP per group request.

Mark: Also point out that is ammunition for state auditor in next audit.

Leslie: Maria and everyone in room - we are not employers. Do you want everyone who has been on the program 13 - 14 years to redo form?

Rhyann: This is for people going through training. Like to develop shortened form to use to update needs when needs change. Leslie: Concur with Mark; add FMS back.

Kathy: Should understand these are only estimates when someone coming into program. Trying to share what they believe is needed, but can change. Lots of flexibility. Emphasize through experience to inform CM immediately when needs and/or condition change.

Maria: Have tried many times to get corrected, but not happening. To Leslie, in contracts with FMS, I am on there as employer, that is my title, and that is how I consider myself.

FMS Client/Vendor Presentations; 15 min each, alphabetical.

ACES\$: Tim Moran, CEO. Proud to be here. Here for 1 year. If questions, let me know, how can be of service. Subsidiary of Center for Independent Living first, and business model that is financial management. Life skills center (10,000 sq ft) being built in PA, CM, Home Modification. Started in 1988 as Independent Living, Financial Mgmt in 1998. Approach FMS with different policy. I am also a person with a disability. Does not define, make me better, but helps understand and how implement programs. 55 % of staff also with disabilities. Helps to provide expertise. Setting paths and lighting on fire. 90 % of board people with disabilities. Also two children with disabilities. Live this every single day as self, employer, as parent. Mission to enhance independent living options. Believe freedom to plan independent life in ways that suit independence. Platform to be in multiple state gov'ts. If working one state, why not bring to others. Non-profit investing back in community. People we bring on board are remarkable and share our passions. You will get live person when you call. State will soon release info regarding satisfaction. Getting ready to release new state of the art software. Created because of feedback from clients. Allows us to assure what we are doing will benefit clients the most. 64 calls received today, 62 answered, 2 dropped off. Sites and websites ADA compliant. Online portal (NOTP) - created this system. Colorado will see that online will coincide with timesheet. Even if using paper, will still see live, on time. Attendant can submit in any

manner. ACES\$ clients who would like demo, send email to Jason Smith for a log in to play with it. Attendant registry created because we are an independent registry. When state said no dollars to create, looked at it and made sure it was there. Created user-friendly software in house, creating demographics allowing individuals to seek new attendants or new attendants to see new clients. State needs to make decision regarding what FMS needs to offer - just to ACES\$ clients or to all. Client base grows at 30 - 35 per month. 7 left to transition. Accommodate in less than 30 days. Customer Service plays active role. Direct quotes from clients and CMs to validate satisfaction.

Leslie: Sounds like you are employers. Very dedicated, lots of resources. Are you of same mind as HCPF to force us to obtain an FEIN?

Rhyann: All FMS vendors must follow their contract with HCPF including CDASS rules.

Morning Star: Cheryl Vennerstrom. Minnesota based company. Two introduced based here in Denver. Billing/financial in Minnesota. Hooked up all electronically, able to be efficient. Big operation in MN. In business 30+ years. Many diverse services. Psychological, CM, in business since Self-determination model started in 1999 in MN. MN has 13 FMS. 2006 formed Morning Star financial. Sister to Orion in MN. In Utah since 2006. Provide services to 400+. 2012 started in OK with managed care. TN transitioned from another provider, and statewide in 2013. Here for 1 year. Getting to know CO. Experienced provider, payroll vendor, Familiar with family exemptions. Take people where they are at, provide whatever they need. Feel part of their role. Customer service behind integrity of systems. Very proud of customer service. Try to be very flexible. Developed different systems for enrollment. Developed online. About timely response, timely resolutions. Flexible about submitting paperwork, timesheets. Turnaround in 24 hours or less. People answer calls - always talk to person. As small company, have flexibility, agility. Do electronic

signature program. Complete in email and send back. Forms pre-populated, allowing for seamless transition. MN 97 % satisfaction, 97 Utah, Ohio 100, another state 98 %. Priority to assure people paid on time. Payroll schedule provided online. Online timesheet system as well. 3 forms of payment. Leslie: Do you assure payment of holiday and overtime pay for attendants who are not family members. Attendant registry is spreadsheet with details. Looking to add more to add to registry. Disaster relief started after Katrina. Now have 1400 volunteers wh participate with us, working locally, nationally, internationally to work with disaster situations. Something we do as an organization to give back to our community.

Public Partnerships Jennifer Martinez. Worked in Jeffco Human Services many years. Highlights of what is new: Attendant registry. New service to help people find new employee. Custom, tailored approach. Help to create job posting specific to needs. From there, match service to find potential best fit. Provide 1 page document about potential candidate. Customer service, select option 5 to create that posting. PPL can assure most out of allocation. In CO for 6 years. Established, able to offer lower rates for cost to you. \$22 savings in a month, helping to maximize allocation. Mobile app: PPL has most people needing to transition to 2 signature. Mobile app will provide answer to some.

Mark: attendant registries need to be interconnectable and searchable, particularly for people in rural areas. Whether separate and can access or one maintaining single registry.

Use uniform standard of information used in each registry.

Need to come up with some ability for clients to rate their attendants, to have info from some clients to determine if want to do business with them.

FEA group discussion: Waiver approvals received for FEA model and AWC model. Now need to revise to remove AWC. Sent out document

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regarding questions/answers between R & Mark with info. Vendors are working to get everyone transitioned. Called DOL to see if any issues/concerns; Aleta no issues/concerns, nor supervisor. What do we want to do as group if someone refuses to transition or is slow to transition due to FEIN issues? Liz: Is there deadline? Rhyann: 3/31, so ready to go by 4/1. Leslie: Requires you to provide us with modified documents by March 1st. Before you mete out punishment, you need to understand obligations under FEIN. This comes direct from Washington, not from your National Center. States very clearly that if we are not making any money or not equals, signing of FEIN is falsifying a document. Mark: Based on info received from National Center, relatively confident that IRS issues are addressed, other than they are relying on things said in public presentations but not in writing. Second, clear that while IRS issue addressed, not sure that DOL or state issues are addressed. If FMS allowed worker's comp lapse, then there is claim, client is exposed/liable. What can we do to reduce? Last, need to develop online repository for all info that pertains to these rules, keep it all in one place, in complete. Request attorney general appointed to go through all of the info and give guidance and info to address concerns. We can then go to feds to address any conflicts. Remove he said./she said or conflicts. Concern about back and forth about what one state does or what one department says.

Curt (chair): are you suggesting we get legal advisor? Rhyann: Attorney General cannot give legal advice except to departments. Leslie: Then there needs to be separate legal council appointed. Etc.

Linda Skaflen: Can attorney general clarify to department about concerns.

Rhyann: Mark, email to me, and I can see what I can find out.

Mark: Is PDPPC deemed an advisory to the department? Rhyann: PDPPC is policy collaborative.

Rhyann: Thanks to all showed up and provided testimony. Great turnout. Next audit response is February 9. Let's see people there. Drafted

responses to all audit issues. Waiting to hear when can send out to stakeholders.

IHSS changes

Candie: How will agencies and individuals be notified about changes?

Rhyann: Email was sent to SEP case managers, Rhyann is updating provider training.

Open Forum:

Timeframe to implement Changes, need for council, resolution of conflict of laws? Rhyann - changes by March 31st, others as soon as possible.

Liz Wuest: Client has legal guardian, can they hold own FEIN?

Recommended that whoever directing care holds FEIN.

Meeting adjourned. Email topics for next meeting.